



## FEE TRANSMITTAL

**Complete if known**

Patent Application No. 10/537,648

Filing Date: June 6, 2005

First Named Inventor: Zhi-Cheng Xiao

Group Art Unit: 1653

Examiner Name: Marsha M. Tsay

Total Amt. of Payment: (1)+(2)+(3)= **\$120**

Attorney Docket Number: 0380-P03063US1

| <b>METHOD OF PAYMENT (check one)</b>   |             | <b>Fee Calculation (continued)</b>  |  |                      |             |                        |              |                    |       |                    |       |                  |  |                    |       |                                |  |                                  |  |
|--|-------------|---|--|----------------------|-------------|------------------------|--------------|--------------------|-------|--------------------|-------|------------------|--|--------------------|-------|--------------------------------|--|----------------------------------|--|
| 1. The Commissioner is hereby authorized to:<br><input type="checkbox"/> Charge indicated fees<br><input checked="" type="checkbox"/> Charge additional fees<br><input checked="" type="checkbox"/> Credit overpayments  |             | <b>ADDITIONAL FEES</b><br><b>Fee Description</b> <b>Fee Paid</b><br>Surcharge-late filing fee or oath _____<br>Surcharge - late provisional filing fee or cover sheet _____<br>Extension for response within <u>one</u> month _____ 120.<br><br>Notice of Appeal _____<br>Filing a brief in support of an appeal _____<br>Request for oral hearing _____<br>Petition to revive unavoidably abandoned application _____<br>Petition to revive unintentionally abandoned application _____<br>Issue Fee _____<br>Petitions to the Commissioner _____<br>Petitions related to provisional applications _____<br>Submission of Information Disclosure Stmt. _____<br>Recording each patent assignment per property _____<br>Other fee (specify) _____ |  |                      |             |                        |              |                    |       |                    |       |                  |  |                    |       |                                |  |                                  |  |
| 2. Payment enclosed:<br><br>Deposit Acct: 04-1406  |             | Check in the amount of <u>\$120</u> _____   |  |                      |             |                        |              |                    |       |                    |       |                  |  |                    |       |                                |  |                                  |  |
| <b>FEE CALCULATION</b> <table border="1"> <tr> <td><b>1. FILING FEE</b></td> <td><b>Fee</b></td> </tr> <tr> <td><b>Fee Description</b></td> <td></td> </tr> <tr> <td>Utility filing fee</td> <td>_____</td> </tr> <tr> <td>Design filing fee</td> <td>_____</td> </tr> <tr> <td>Plant filing fee</td> <td>_____</td> </tr> <tr> <td>Reissue filing fee</td> <td>_____</td> </tr> <tr> <td colspan="2"><b>SUBTOTAL (1)</b> _____</td> </tr> <tr> <td colspan="2"><b>SUBTOTAL (3)</b> <u>\$120</u></td> </tr> </table> |             |   |  | <b>1. FILING FEE</b> | <b>Fee</b>  | <b>Fee Description</b> |              | Utility filing fee | _____ | Design filing fee  | _____ | Plant filing fee | _____                                      | Reissue filing fee | _____ | <b>SUBTOTAL (1)</b> _____      |  | <b>SUBTOTAL (3)</b> <u>\$120</u> |  |
| <b>1. FILING FEE</b>   | <b>Fee</b>  |   |  |                      |             |                        |              |                    |       |                    |       |                  |  |                    |       |                                |  |                                  |  |
| <b>Fee Description</b>   |             |   |  |                      |             |                        |              |                    |       |                    |       |                  |  |                    |       |                                |  |                                  |  |
| Utility filing fee   | _____       |   |  |                      |             |                        |              |                    |       |                    |       |                  |  |                    |       |                                |  |                                  |  |
| Design filing fee  | _____       |   |  |                      |             |                        |              |                    |       |                    |       |                  |  |                    |       |                                |  |                                  |  |
| Plant filing fee   | _____       |   |  |                      |             |                        |              |                    |       |                    |       |                  |  |                    |       |                                |  |                                  |  |
| Reissue filing fee   | _____       |   |  |                      |             |                        |              |                    |       |                    |       |                  |  |                    |       |                                |  |                                  |  |
| <b>SUBTOTAL (1)</b> _____  |             |   |  |                      |             |                        |              |                    |       |                    |       |                  |  |                    |       |                                |  |                                  |  |
| <b>SUBTOTAL (3)</b> <u>\$120</u>   |             |   |  |                      |             |                        |              |                    |       |                    |       |                  |  |                    |       |                                |  |                                  |  |
| 2.<br><table border="1"> <tr> <td><b>Paid</b></td> <td><b>Extr</b></td> <td><b>Fee</b></td> </tr> <tr> <td>Total Claims</td> <td>- = 0</td> <td>x = 0</td> </tr> <tr> <td>Independent Claims</td> <td>- = 0</td> <td>x = 0</td> </tr> <tr> <td>Multiple Dependent<br/>(First presentation)</td> <td></td> <td></td> </tr> <tr> <td colspan="2"><b>SUBTOTAL (2)</b> <u>\$0</u></td> </tr> </table>  |             |   |  | <b>Paid</b>          | <b>Extr</b> | <b>Fee</b>             | Total Claims | - = 0              | x = 0 | Independent Claims | - = 0 | x = 0            | Multiple Dependent<br>(First presentation) |                    |       | <b>SUBTOTAL (2)</b> <u>\$0</u> |  |                                  |  |
| <b>Paid</b>  | <b>Extr</b> | <b>Fee</b>  |  |                      |             |                        |              |                    |       |                    |       |                  |  |                    |       |                                |  |                                  |  |
| Total Claims   | - = 0       | x = 0   |  |                      |             |                        |              |                    |       |                    |       |                  |  |                    |       |                                |  |                                  |  |
| Independent Claims   | - = 0       | x = 0   |  |                      |             |                        |              |                    |       |                    |       |                  |  |                    |       |                                |  |                                  |  |
| Multiple Dependent<br>(First presentation)   |             |   |  |                      |             |                        |              |                    |       |                    |       |                  |  |                    |       |                                |  |                                  |  |
| <b>SUBTOTAL (2)</b> <u>\$0</u>   |             |   |  |                      |             |                        |              |                    |       |                    |       |                  |  |                    |       |                                |  |                                  |  |

Submitted By:

Typed or

Printed Name Kathleen D. Rigaut, Ph.D., J.D. Reg. Number 43,047 Deposit Account User ID

Signature Kathleen D. Rigaut Date March 14, 2007 04-1406



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of ) Examiner: M.M. Tsay  
Zhi-Cheng Xiao )  
Serial No. 10/537, 648 )  
Filed: 5 December 2003 )  
For: "PEPTIDES, ANTIBODIES THERETO )  
AND THEIR USE IN TREATMENT OF )  
CENTRAL NERVOUS SYSTEM DAMAGE")

AMENDMENT AND REQUEST FOR  
RECONSIDERATION UNDER 37 C.F.R. 1.111

In response to the Official Action dated 14 November 2006, please amend the above-identified application as follows: